

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/09/2016
NAME OF PROVIDER OR SUPPLIER WARREN BARR SOUTH LOOP			STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SOUTH WABASH CHICAGO, IL 60616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation # 1682891/IL85803	S 000			
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1035 a) c) Section 300.1035 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. c) Within 30 days of admission for new residents, and within one year of the effective date of this Section for all residents who were admitted prior to the effective date of this Section, residents, agents, or surrogates shall be given written information describing the facility's policies required by this Section. This requirement is not met as evidence by: Based on interview and record review, the facility failed to provide a resident and/or family member with information regarding Advance Directives and End of Life Care options upon admission. This applies to one of five residents (R1) in the sample. Findings Include: The facility's policy entitled, "Advance Directives and End of Life Care Policy and Procedures"	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>states that upon admission to the facility a designated staff member will address Advance Directives option and Life Sustaining Treatment with a newly admitted resident or his representatives.</p> <p>R1's closed record was reviewed. R1 was admitted to the facility 9/18/2015 and expired in the facility 11/5/2015. No Advanced Directive form signed by Z2 (Power of Attorney/POA to R1) and a Physician was found in the closed record.</p> <p>6/7/2016 at 10am, Z2 was interviewed by telephone. Z2 was asked if anyone from the facility discussed Advance Directives or asked her for documentation that she was R1's POA. Z2 said, "No."</p> <p>6/9/2016 at 12:09pm, the facility's policies and procedures on Advanced Directives were discussed with E1 (Administrator) and E5 (Social Service Director). E1 said the facility does not keep signed Advance Directive forms in resident's clinical records because the coloring of the form would confuse staff. Social Service upon admission to the facility interviews the resident or their representative. E1 presented R1's electronically produced social service forms entitled "Advance Directive Note". R1's Advance Directive Note stated that the resident and/or representative was given a copy of the state law on Advance Directives and R1's status was "Full Code". The note was electronically signed by E3 (Social Service). The note did not identify Z2 as R1's POA.</p> <p>E5 was asked what documentation the facility requires in regards to Advance Directives. E5 said the facility ask for POA documentation, DNR (Do-Not-Resuscitate) order or Health Care</p>	S9999			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WARREN BARR SOUTH LOOP

**1725 SOUTH WABASH
CHICAGO, IL 60616**

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S9999	Continued From page 2 Surrogate upon admission. R1's Admission Record listed Z2 as POA but the Advance Directive note did not list a POA. E5 said because the facility had received no documentation showing Z2 as R1's POA, Z2 was not named on the form. (B)	S9999		